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I.

ON THE PROLAPSUS ANI IN GROWN PERSONS.*

THIS, as Mr. Fletcher well remarks, is a disease on which less has been written than might have been written, and much less is known than ought to be known. To supply the former deficiency, and the latter desideratum, is the object of his chapter on the subject. We need scarcely inform our readers that Mr. Hey and Mr. Copland have severally proposed and performed operations for the prolapsus ani. That of the former consisted in the removal, by a circular incision, of the pendulous flap and other protuberances surrounding the anus; that of the latter, in pinching up a fold of the lining membrane of the rectum within the gut, and tying a ligature around it sufficiently tight to procure its sloughing. From this procedure there is a risk of inflammation of the gut, independent of which Mr. Fletcher understands that the return of the complaint after its performance is a frequent occurrence. The external, or Mr. Hey's operation, is occasionally, but very rarely, followed by hæmorrhage. In fifty cases Mr. Fletcher has seen this occur once.

"Mr. Hey, and others too, who operated exactly after his manner, had occasionally inflammatory symptoms succeed the operation. This must have been the effect of cutting away without scruple, and often deeply and roughly, the little blue tumors at the verge of the anus, many of which were formed by the extremity of the anus itself. There is no occasion for this to be done; the gut ought not to be unnecessarily cut, and in this point Mr. Hey's operation may be improved. A deliberate dissection will always be capable of separating the loose skin which you require for excision, from the bowel itself, which should be tenderly and carefully returned. Out of the fifty cases in which I have operated, I have not seen one where the operation was followed by inflammatory symptoms, nor (with one exception) where it did not succeed in entirely curing the prolapsus."

To illustrate his opinions and exemplify his practice, Mr. Fletcher relates the particulars of eight cases. We will select the most important.

CASE 1.—*Prolapsus Ani in its simplest form.* "A gentleman, about fifty years of age, when taking exercise in walking, would have the bowel descend to the extent of two or three inches beyond the verge of the anus, and also after a stool.

* Medico-Chirurgical Illustrations, &c.

Some bleeding would then take place from its surface, the effects of the squeezing of the sphincters. The pain on these occasions was so intolerably severe, as to oblige him, even in the field, to lie down instantly upon his back, and reduce the protrusion, which he could always effect, by gentle pressure. The repetition of his sufferings in this way, for years, at last led him to his surgeon. By straining, as at stool, at my request, the gut was brought into view, in folds, forming a tumor about the size of a small lemon, surrounded at its base by several loose projections of purple-looking integuments, which the gut, in its descent, had brought more completely into view than it could have been before such descent took place. He was now in dreadful pain; the bowel was of a dark red, or purple tone of color, from the pressure of the surrounding sphincter. From this circumstance, together with the fact that the bowel never descended on rising out of bed in the morning, and only after much straining at the water-closet, or in walking exercise, I suspected that this muscle was still strong, but not sufficiently so to prevent the gut passing through it.

On reducing the prolapsed part, this was found to be the case. The sphincter, irritated by the protruded part, which had just re-ascended, still acted sharply upon my fingers, now engaged in an examination of the interior of the gut."

An operation was proposed and assented to. The patient leaned with his belly over the edge of a high table. The gut was now brought down by straining, with the folds of loose skin more apparent. It was replaced sufficiently to keep it clear of the knife, and a full sized rectum-bougie passed a little way

into its canal, but not so far as to carry back the folds of loose skin at all out of the view of the operator. The bougie of a full size is useful on this occasion, for as the patient should have to bear down, to bring the whole of the loose skin outside the anus, the gut would descend at the same moment, were it not for the instrument. I selected five of these portions of integument, passing a thread through each, and drawing these in succession with some force along the bougie which kept the gut back, they were excised very close to the plane of the surrounding parts. The wound was well washed with cold water, the gut completely restored to its natural position, and an appropriate compress and bandage applied to support it there, as the tendency to its descent is always increased by the operation, until the excisions are contracted and healed. A pupil was left in attendance, to see that there was no hæmorrhage, to which this operation is rather liable, and of which nearly a fatal example will be found in a succeeding case. In the evening the patient complained of violent pain. On examination, the gut had descended in his attempt to pass air. The pain was doubtless the effect of the pressure of the sphincter. The gut was replaced with a globular compress fixed over the site of the anus, with an injunction to the patient to restrain his inclination to pass wind.

The contraction of the anus in this case was so great during cicatrization, as to occasion inconvenience in the passage of the stools. This was remedied by a bougie, and for several years the patient has been entirely cured. It is better in these cases to open the bowels on the day preceding the operation, and to give no solid food on that day.

CASE 2. *Prolapsus Ani*—Power of the Sphincter extinct—Nearly fatal Bleeding from the Operation.

A lady consulted our author for a prolapsus of the bowels of immense size; it was almost constantly down, and would descend on her standing, even for a moment. The lady was old, and relaxed; the sphincter exceedingly lax. She had indulged greatly in purgative medicines. There was very little loose integument about the verge of the anus, but an operation was desired and therefore performed. Considerable portions of slightly projecting skin were raised from the inner margin of the anus, and a wound nearly surrounding it was left. A compress and bandage were applied, and for some time a gentleman sat with the patient. About three hours after the operation Mr. Fletcher was summoned, and found her almost in articulo mortis, from profuse hæmorrhage. Brandy, hot bottles, &c. were in requisition, the patient rallied, a small vessel was discovered bleeding on the right side of the anus, it was secured, and she recovered. After the healing of the wounds, the bowel descended to the extent, perhaps, of one-fifth of its former size, when the patient was at the water-closet. With the aid of a spring truss, with a spherical pad, the prolapsus was afterwards tolerably manageable.

CASE 3. *Prolapsus Ani*, with extensive Adhesion to the surrounding Skin—Operation successful.

Mrs. —, æt. 44, had had prolapsus ani irreducible for four years. The bowel was in concentric folds, and was adherent in several points to the skin, whilst the sphincter was exceedingly relaxed. "After clearing the bowels well on the previous day, and permitting the patient to

take slops only of gruel and milk, I proceeded to the operation, endeavoring first to remove the gut out of the way, by reducing it, and then restraining its descent by the introduction of a large bougie, whilst I dissected the skin freely away, by the side of the instrument, from the anus and bowel. But still the gut would descend, or was pulled down by the adhesions by the side of the bougie in places, and I therefore ultimately had the intestine held aside by the assistant, whilst those adhesions were separated, and all the loose skin freely removed, which was pulled out forcibly from the anus with a tenaculum. It was curious to see, as soon as the incisions were completed, the muscular coat of the intestine, together with the relaxed sphincter, begin to act vigorously, and carry the gut into its proper place, and retain it there with ease, whilst all my attempts to accomplish this with my own fingers were unavailing. The stimulus of pain, coupled with the liberation of the adhesions, was probably the source of this renovated vigor.

When it is desirable to make the adhesive process as firm and as contracted as possible, I am in the habit of laying pieces of sponge upon the anus, and filling the hollow of the buttock with it, so that considerable pressure is made upon the part, which is already contracted or tucked up: the muscular action is assisted in retaining that tucked up character by the external pressure."

The lady was kept in the recumbent posture, and recovered with the anus as smooth as ever, though the aperture required, from its small size, occasional enlargement with a candle.

CASE 4. Is that of an elderly maiden lady who had a tumor about

the size of a double walnut, which proved to be the lowest portion of the bowel adherent to a portion of loose skin just within the anus. The operation consisted in separating, by dissection, the fold of skin from the intestine, to an extent sufficient to ensure union to the sphincter. The operation prevented any further descent, and the remains of the tumor disappeared by absorption within the gut. The next case was one of old prolapsus ani, with a cartilaginous tumor, about the size of a large garden bean, hanging by a long pedicle from deep within the verge of the anus. Mr. F. cut away the small tumor at the farthest end of its pedicle, and then, introducing a bougie into the rectum, operated for the prolapsus in the manner already noticed. On her discharge from the hospital there was a very slight appearance of the gut when she strained on the side of the anus, where a bit of loose skin had been left.

The preceding cases were given with the view of showing the necessity of ascertaining, as far as possible, the causes of prolapsus ani, before attempting its radical cure by operation. In order to ascertain whether a stricture exists in the rectum, Mr. F. recommends that a bougie, previously softened in warm water and adapted to the curves of the gut, should be passed its whole length. A stricture is capable of occasioning prolapsus ani, by the great efforts which it causes the patient to make. With respect to Mr. Fletcher's recommendation respecting the use of the bougie, we cannot forbear remarking, first, that it is contrary to the advice of some of our best surgeons; secondly, that if followed by inexperienced persons, it might be productive, as undoubtedly it

has been, of disastrous consequences. Ordinary stricture of the rectum is seated at no great distance from the anus; the stricture at or about the sigmoid flexure of the colon is hardly amenable to the bougie without a considerable degree of risk. But this by the way.

CASE 6. Prolapsus Ani, conjoined with Stricture of the Rectum.

Miss —, æt. 25, consulted our author for piles, from which she said she had suffered for nine or ten years. She was emaciated, and very nervous. She said that something would come down after every evacuation, but would return after she had lain on the bed for an hour or two, when burning pain occurred, and continued about the anus and lower part of the back. On attempting to walk the bowel descended, the stools were passed with great difficulty, and were remarkably small. On examination a very large prolapsus of the lower extremity took place when the patient strained. On replacing the prolapsus and introducing the finger, a stricture was found at about an inch and a half from the anus, and the gut was found contracted, exquisitely tender, and thickened, as far as the finger could reach. She had been subject to difficulty in passing her motions, and burning pains, for many years—to prolapsus for three years.

Under these circumstances our author imagined that the prolapsus was the consequence of the stricture, and gave a cautious prognosis. The bougie was carefully employed for four months, at the end of which time a full sized one could be passed nearly 11 inches. The operation for prolapsus ani was then performed, succeeded well, and the patient is now a fine healthy young woman.

"The foregoing is a very serious example of the folly and mischief arising out of the practice of prescribing for *supposed* complaints, the product of the patient's own judgment or imagination, the real nature of which might have been readily discovered by a proper examination of the parts concerned. No examination was ever made, in this case, until the lady came under my observation ; and even then she said her malady was piles ; and they all say so. All the various affections of the anus are so called by the patients. But the medical man ought not to copy the errors of his patient, to believe without evidence or conviction, which will assuredly lead him to prescribe for diseases which exist only in their conjoint imaginations.

Here was a young lady who lost many of the best years of her life, and what was worse, spent them in wretched suffering, or in swallowing loads of useless medicine ; nay, further, who was carried into the very jaws of death, by one complaint of a very trifling nature being mistaken for another of the highest importance to comfort, and to life itself.

Had an early examination of the parts concerned been carried into effect, the true affection would have been quickly revealed, and the sad miseries she subsequently endured, wholly prevented.

When a discovery of the real malady was at length made, she was cured, without any medicine, in fewer months than years had been previously occupied in pursuing a wrong course.

This case then will furnish another valuable lesson, which indeed may daily be taught, if we would learn it, viz.—never to prescribe for affections of the anus, without

a proper visual and manual inquiry into their real character."

In the next case a lady was operated on for prolapsus ani by the ligature. The procidentia was benefited, but she suffered, and, anterior to the operation, had suffered from costiveness, pains in the loins, &c. On examination, Mr. Fletcher found a stricture of the rectum at the distance of five inches from the anus. After a time a bougie was got through the stricture, and a recovery is anticipated by Mr. F.

CASE 8. Prolapsus from Stricture—Temporary Cure from Operation—Fistula Ani.

A lady, æt. 50, the mother of many children, had undergone excision for prolapsus ani with temporary benefit. Soon, however, a difficulty of voiding her stools, which had previously existed, was increased, with a deceptive feeling of protrusion. Then an abscess formed by the side of the rectum, and the gut was found to descend occasionally within the painful gripe of the sphincter, but never to pass through it. There were also some symptoms of stricture. The abscess was laid open into the gut, and some portions of loose skin were removed. Before the wound was healed, a stricture was discovered at four inches and a half from the anus. Though a bougie of moderate size is passed three times a week the stricture is not wholly removed. No recurrence of the procidentia has hitherto taken place.

Our author concludes by the mention of another case in which there is prolapsus combined with stricture at five inches from the anus ; no bougie can be got through it. With the following brief observations we conclude.

"In my own practice the pro-

lapsus ani has occurred much more frequently in females than in males, in the proportion of seven to one; a fact that may probably be accounted for on the ground of their relaxed texture, and indulgence in physic, which must ever weaken and relax the parts concerned in this very distressing and disgusting complaint."

"Writers on stricture of the rectum may have mentioned prolapsus as an occasional effect of it. But I do not remember any writer on the prolapsus ani itself who has considered stricture as one of its causes, and thence derived a rule to examine the whole extent of the bowel, previous to any operation for the cure of the first affection.

Perhaps none of the minor operations of surgery require more tact and experience than this examination of the whole course of the rectum with the bougie. The natural obstructions in the canal are many, and may be still more numerous from disease and other circumstances; and such difficulties can only be met successfully by a knowledge of the anatomy, natural and morbid. The angles made by the bowel itself, the projection of the sacrum, an enlarged or retroverted uterus, or prostate gland, a spasmodic stricture, or hardened fæces, are all to be taken into consideration, and well remembered by the surgeon, otherwise he may take some of these obstructions to the passage of the bougie for a stricture, when, in reality, no such affection exists. The character of the bougie itself may increase the difficulties.

If it be too small, or too soft, these natural obstructions to its route will turn back the point, and leave it curved in the bowel, thus confirming the original error."

We think the cases worthy of the attention of practical surgeons.

II.

EFFECTS OF CERTAIN SUBSTANCES WHEN APPLIED TO THE BRAIN.

M. FLOURENS read to the Royal Institute, Feb. 7, an account of some experiments lately performed with a view to learn what would be the effects of certain medicines applied directly to the surface of the brain. Our readers are acquainted with his experiments upon the ablation, as he calls it, of successive portions of the brain. 1. Having exposed the cerebral lobes in a rabbit, by removing the cranium and dura mater, M. Flourens applied some oil of turpentine to them. At first no effect was produced upon the animal; it continued to move about as usual. After some time, the turpentine, which was frequently applied, began to act, and the animal became agitated; it next appeared to be in a fixed and immovable attitude. After a still farther lapse of time, these phenomena became much more considerable. Sometimes the animal darted forward, at others it would turn round with extreme rapidity, and then become completely motionless; it had grinding of the teeth; its head trembled, and it often cried out; it might have been said to labor under a paroxysm of furious mania. While at rest, or motionless, the animal both saw and heard, but when in its frenzied fit, it neither saw nor heard, and would strike against anything in its way, while darting forwards or turning round as above mentioned. It is evident that these phenomena are attributable to the increased influence of the cerebral lobes upon the rest of the economy.

2. Having exposed the cerebellum of a rabbit, M. Flourens applied some oil of turpentine to it. The animal not long afterwards began to run and jump about with great agility, alternating these exertions with intervals of repose; the mobility became more and more frequent in consequence of reiterated applications of the oil of turpentine. The animal could see and hear, and was in possession of all its faculties.—

3. Laudanum was applied to the cerebral lobes of a rabbit, and, as in the former instance, the application was repeated, at first, until the effects of the medicine appeared, and afterwards until those effects reached their highest degree of intensity. The animal now became so motionless, that neither pricking it, nor any other means resorted to, could induce it to change its attitude in the least; it had grinding of the teeth, and the whole body was agitated. Its head and the fore parts of the body were frequently bent backwards so much as to make it turn over on its back, when it would soon get up and keep perfectly motionless until another fit of agitation came on to cause it to repeat these motions. 4. The application of laudanum to the cerebellum of another rabbit, occasioned it to walk with extreme difficulty; it never ran; while walking, it dragged itself along as if lying on its belly. 5. The difference in the action excited by turpentine and laudanum was therefore complete; the turpentine increased the locomotive powers, while the laudanum produced a great torpor in them.

When applied to the cerebrum, the turpentine occasioned the animal to dart forwards with rapidity, while the laudanum caused it to be retracted, and bent backwards so as to make it tumble over on its back.

6. M. Flourens applied laudanum to the cerebral lobes of a rabbit, and when the retraction and *immobility* were at their height, he substituted oil of turpentine for laudanum. In a short time afterwards the immobility was not so complete, the animal took a few steps and then began to run; and although the immobility returned from time to time, the oil of turpentine evidently modified the action of the opium, and to a certain degree inverted the phenomena. 7. The effect of alcohol applied to the cerebrum and cerebellum was similar to, but less intense, than that of spirit of turpentine.

As in M. F.'s former experiments upon ablation of successive portions of the brain, and the introduction of certain substances into the digestive organs, he found that the functions could be abolished or excited at pleasure; so the same results were obtained in these new experiments. Sometimes the function is excited, sometimes diminished. Thus, opium applied to the cerebral lobes abolishes their influence upon the rest of the economy, in the same way as gradual ablation of them is found to do, while turpentine, on the contrary, increases this influence.

These results, it is thought, may be advantageously applied to the management of cases of disordered mind, when it may be needful to augment or lessen the influence of the brain upon the economy.—*Rev. Med. March 1831.*

III.

CHRONIC ABSCESS OF THE CHEEK,
FROM THE IRRITATION OF A
CARIOUS TOOTH.

THE swelling from this cause, which often simulates a distinct tumor, is

of a pale and purplish tint, little elevated, giving something of the appearance of a strumous abscess, though it feels firmer, and the skin looks thicker. Mr. Fletcher has known this swelling cut out from the cheek as a tumor otherwise irremovable; he has also known it opened, treated with caustic, and in fact in all sorts of ways but the right. On removing the carious tooth, with its fang or fangs, the cause of the disease, the tumor gradually disappears without further treatment. On opening the tumor we find a small quantity of unhealthy pus, mixed sometimes with a slight fungous growth, and the fangs of the tooth will have attached to them a small fungous growth of similar character. Mr. F. has never seen this chronic tumor opposite to any other teeth than the first molares of the lower jaw. The history of the disease appears to be this. The carious fang excites some inflammation in the socket, which generally suppurates, when the pressure of the matter induces the ulcerative process outwardly, for its escape. During this process the contiguous portion of the cheek sympathises slowly with the irritation, inflames, and gives rise to the chronic abscess in question. The effect on the cheek may take place from the irritation of the diseased tooth, before the inflammation in the socket has advanced to suppuration; or this last may not even happen at all.*

IV.

M. LARREY'S MODE OF TAPPING THE PERICARDIUM.

IN hydro-pericarditis, when it is deemed advisable to tap the peri-

cardium, M. Larrey selects the point between the base of the xiphoid cartilage on the left side, and the united extremities of the seventh and eighth ribs on the same side. In this triangular space we may boldly make an incision, extending from the junction of the cartilage of the seventh rib with the sternum, along its inferior border, to the extremity of the cartilage of the eighth, which is closely united to the seventh. In this incision some of the fibres of the rectus and external oblique and cellular tissue are divided, when the knife comes down upon the projecting surface of the pericardium, traversing the triangular space between the two first indigitations of the diaphragm. The point of the knife must then be carefully directed a little upwards and from right to left, in order to open the pericardium without wounding the peritoneum. A small portion of the anterior edge of the diaphragm, at the point of its attachment to the posterior border of the cartilage of the seventh rib, is slightly wounded, but no vessel of any consequence is injured. The heart is less likely to be cut in opening the pericardium in this situation than in any other, because the fluid will naturally collect most at the most dependent part of the bag containing it. M. Larrey, it appears, has not performed the operation, in this situation, on the living body; it is accomplished with great facility on the dead.*

* Clinique Chirurgicale, Tome II. p. 303.

* Mr. Fletcher's Medico-Chirurgical Illustrations.

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VARIOLOID AT AMHERST.

It is not a little remarkable with what uniformity facts that are reported from time to time, tend to confirm the opinion expressed some years ago in this Journal, that the occurrence of modified smallpox after vaccination is generally owing, not to imperfect vaccination, but to the peculiar state and susceptibilities of the system after the vaccine disease had pursued its course fairly and freely. There are doubtless cases in which the operation of vaccinating is badly performed, and the protection rendered thereby imperfect; but the number of cases now on record, after the most accurate and uninterrupted course and conveyance of the cowpox, is amply sufficient to establish the fact that a single vaccination is not enough to destroy the whole predisposition to variola, in persons in whom this predisposition is naturally great. Neither in such persons is a single course of the smallpox, naturally imbibed, sufficient to ensure entire protection against its influence in times to come. Among the latest cases illustrative of these facts, we would allude to those recently noticed at the Mount Pleasant Institution. Some boys who were wholly unprotected had the smallpox. One who had been vaccinated, on exposure to the same cause of disease, had the varioloid; and another who had had the smallpox, on the same exposure, now took the varioloid. Nothing

can be more absurd than the pretence that this last boy had previously had the smallpox *imperfectly*, and therefore was visited by this second attack; and if one person can have the varioloid after having gone through smallpox, why may not another have it after having gone through cowpox? In both cases the explanation is clear;—after having labored under their first disease, a remnant of susceptibility still remained in the system, and thus left them subject to slight disease when subsequently exposed to the variolous infection.

A second attack of the smallpox almost always destroys this remaining predisposition. We have heard of no case, and presume there have occurred but few, in which the same person has been visited by a third attack; and we can see no reason why, by subjecting a person a second time to the cowpox, the number of those who would afterwards suffer, on exposure to variolous infection, would not be reduced to the same proportion.

We are happy to hear that the disease at Amherst is at an end.

SKETCHES OF THE HISTORY OF MEDICINE.

Hippocrates.—The family of Hippocrates may with propriety be regarded as having laid the foundation of a just and rational practice in disease. There were no less than seven individuals belonging to this family who were distinguished as physicians. The most celebrated was son of Heraclides and Phenarite, and is to be considered as the great reformer of medicine; but there is no doubt that

the works now published as his were many of them written by the other individuals who bore the same name. The incidents of his life which are well authenticated are not numerous. He appears to have improved himself by travel, passing a considerable time in Thrace, and likewise visiting the Scythians, of whose manners and mode of living he has given an ample account. He is said to have delivered the Athenians from a plague, but whether the same as that recounted by Thucydides cannot be ascertained with certainty. He is also said to have practised the art of medicine in Athens. An anecdote related of him, on apparently good authority, is, that being called to the court of Artaxerxes Longimanus, he refused to go, alleging that his services were due to his own fellow-citizens; and that when the ambassador represented to him that Artaxerxes was a good prince, he replied, like a free man, "that he had no need of a good master." One of the most remarkable passages in his life is his interview with Democritus of Abdera, who was supposed to be insane, and to be in urgent need of medical aid, but whom Hippocrates, after diligently examining his case, pronounced not only to be sane, but the wisest of men; and refusing the ten talents which were offered him for his opinion, thanked the Abderites for having procured him the acquaintance of so great a man.—Hippocrates passed the last year of his life in Thessaly, and died at Larissa.

There is scarce any work of antiquity which has come down to us

in a more corrupt state than the writings of Hippocrates. It is matter of great doubt among the learned what portion of the collection we possess was written by the most celebrated individual of the name, how much was added by others of the same family, and how much is due to later writers. It is certain that Hippocrates did not leave a large proportion of his writings in the form of regular treatises. A considerable portion consisted of concise notes or detached observations, written on wax or parchment, many of them intended merely for private use, and never designed at all to be published. His two sons, Thassalus and Draco, and his son-in-law Polybius, gave them to the world under the sanction of his name, with such alterations and additions as suited them, or as they thought necessary to establish a connection and render the whole clear and evident. Another circumstance which led to the corruption of these works was the anxiety of the Ptolemies, kings of Egypt, to found an extensive library, an object which, like other bibliomaniacs, they pursued with more zeal than discretion; and laid themselves open to impositions of various kinds. Enough were found who were ready to offer the works of others of the name as the writings of the true Hippocrates; to make additions for the sake of enhancing the price; and even to pass off as his, works prepared for this express purpose, and which were sure to meet with a ready reception. In this manner Maemon of Pamphilia carried several of the works of Hippocrates to Alexandria,

and there sold them, having made such additions of his own as he judged expedient. But the greatest mutilators of the text of Hippocrates were two Greek physicians, Artemidorus and Dioscorides, who flourished under the reign of Adrian. These, not content with altering the expressions and replacing the ancient words by others more modern, expunged and interpolated whole passages to make the sentiments conform to their own opinions. From all these causes the writings of Hippocrates have become exceedingly corrupt, and at the present day it is impossible to distinguish the true from the false. The difficulty was very considerable in the time of his celebrated commentator Galen; who, however, as he possessed some very ancient copies, had greatly the advantage of the moderns in this respect. In forming his judgment among different copies, he gave the preference to the most ancient, considering the later as written by individuals having their peculiar doctrines to maintain, and willing to make the text conform to them. As, however, he was himself somewhat infected with the spirit of theorizing, his authority is not altogether unquestionable. All the authors subsequent to Galen agree in the opinion that a large proportion of these works is to be regarded as spurious.

The dialect in which they are written is Ionic, although Hippocrates was himself a Dorian. It differs but little from that of Herodotus, and principally in the introduction of Attic forms. It appears that the Ionic was adopted in preference to

the Doric dialect by many writers, as being more elegant and better adapted for conveying their sentiments. This dialect unfortunately affords no test of the authenticity of the writings in question, for some of those which are most evidently spurious retain notwithstanding this peculiarity.

The peculiar character of the style of Hippocrates, which offers in fact the best internal evidence of his genuine composition, is a degree of brevity which almost renders him obscure, and a mode of laying down propositions in general terms, which however are evidently intended to be taken with allowance. He thus advances as general principles assertions which are true in particular cases only, and require modification to render them accurate. He made little use of pompous expressions, preferring plain and simple language, and such as could be comprehended by all classes of readers.

The physiological views adopted by Hippocrates may be learned from his work on the nature of man. He modified the theory of elements as it had been proposed by the Pythagorean philosophers. He viewed all bodies as resulting from an admixture of the four elements, whereas Empedocles considered the elements themselves as immutable, and as entering together into bodies simply by way of juxtaposition. The principle of life according to him was animal heat, and man enjoys perfect health when this principle is intimately combined with the other elementary qualities. This modification of the doctrine of elements was evidently

an improvement, for it was impossible to conceive of these being present as such in bodies, in which they were not to be recognized by the senses.

With respect to the knowledge possessed by Hippocrates on the structure of the body, it would seem not to have been acquired by human dissection. There existed in fact in his time an invincible prejudice against violating the dead body, which was also forbidden by severe laws. His notions on the arrangement of the soft parts were undoubtedly obtained from the dissection of animals. He however availed himself of every opportunity of examining human bones, and his knowledge of their forms and mode of union was familiar and accurate. He described carefully the different forms of the skull in different individuals. He observed the fact that the portion of the parietal bones which forms the sinciput is the thinnest part of the skull, whereas the occiput is the most thick. His book on fractures is likewise an evidence that he understood the forms and the articulations of the bones.

On other subjects of anatomy he was little informed. He appears to have had a confused notion of the muscles, of which he speaks merely as flesh, without adverting to their distinct forms. He established no difference between the arteries and the veins, giving to both the name of phlebes, and reserving the appellation of artery or airtube for the trachea. In a passage of the work on the nature of man, he describes four pairs of vessels, all proceeding from the head, traversing various

parts of the body, and terminating, two in the feet, and two in the soft parts of the pelvis. Some of his peculiar directions in regard to bleeding are founded on this notion. Of the origin of bloodvessels in the heart, or their distribution in the liver, he seems to have had no idea.

His notions of the nervous system were still more vague. He gave the same name without distinction to the nerves and the tendons. He was equally ignorant of the origin of the former and of their functions. He considered both as attached to the muscles and the bones, and as thus producing voluntary motion. The brain, according to Hippocrates, is a white, spongy, glandular mass, which serves to attract the humors from all parts of the body; a function for which the spherical form of the head particularly adapts it. As a specimen of his reasoning on the organs of sense, we may take the following description of the eye. "The viscid moisture of the brain runs drop by drop into the eye by means of two vessels, and produces the transparent membrane which is exposed to the contact of the air. Behind this are found several other transparent membranes, on which external objects are painted. The pupil is a real aperture, beyond which is placed the viscid moisture which comes from the brain, and which is surrounded by membranes." The theory of smell maintained by Hippocrates is the same with that of Empedocles and Alcmeon.

The views adopted by this author in regard to disease, will constitute the subject of another chapter.

CHOLERA.

Extract from the Instructions given by the Central Commission of Health, in Paris, to the Minor Commissions of Districts and Parishes (d'arrondissement et de quartier).

IN the event of the arrival of this awful epidemic, it will behove all good citizens to combine their efforts with those of government to purify the city as perfectly as the localities will permit.

The commissions are composed of medical men, persons of professional distinction, so selected as that each may be employed in that line for which his talents and his experience adapt him. To these are added persons unconnected with the profession, but whose standing in society is most respectable, and who have more time and local knowledge to assist and direct the proceedings of their colleagues. The civil power has received orders to second the business of the commissions.

The parish commissioners are to visit *every house* in their parish, and point out to the inhabitants whatever they find amiss, warning them of their danger and of the propriety of setting all to rights before the police interfere. In these visits it will be particularly necessary to ascertain the state of the privies, leads, gutters, and channels, into which the foul water of the house flows; also the wells and cesspools; and to look to the stables, that their floors have the proper inclination and allow the fluids to run off from the dunghoops which are often suffered to accumulate.

Establishments—such as schools, nurseries, *maisons de santé*, and places inhabited by dog-keepers, pig-feeders, rabbit-dealers, pigeon-fanciers, who seldom remove the offal; also the dwellings of rag-men, graziers, stable-keepers, bathmen, tanners, gut manufacturers; and, in short, all workshops which become nuisances by bad smells and want of cleanli-

ness—will have need to be examined with the greatest care.

The commissioners will also see that the public streets in their respective parishes are properly paved and in good order, well swept, with the channels running free and cleanly washed; that the reservoirs of the fountains are in good repair, and sufficiently numerous; that the places of public convenience are well kept, and as many as need be; and whether there should not be new *urinoirs* established in certain situations.

The reports of the parish commissioners are to be made to the commissioners of districts, which last are to communicate with the central commission, and also to give their personal attendance in visiting those places from which they have not received satisfactory reports. The district commissioners are also to call upon the principal shopkeepers and artisans, and to solicit their exertions among their class for the more perfect purifying of the city; to insist upon the necessity of neatness in their houses and dress, and of temperance, the want of which produces such aggravation in the progress of an epidemic.

The business of the central commission is to discuss and digest the reports received from the district commissioners; to form the grand point of re-union of everything concerned in these works; and to act immediately in connexion with government.

Members of the central commission engaged in drawing up this document, MM. Marc, J. Pelletier, Girard, Darcet, and Lucien Delamoriere.

Hemicrania.—This disease is now generally considered to be a neuralgia, either continued or intermittent. The appellation, neuralgia, however, does not designate the real seat of the disease, and is equally applicable to the painful affection of the face

termed *tic douloureux*, or to odontalgia; it is proposed, therefore, by M. Piorry in a memoir upon the disease, contained in the *Journal Universel* for January of the past year, to denominate it sub-orbital neuralgia. The opinions of this gentleman in regard to the seat of the disease are somewhat novel. He considers it to be a neurosis of the iris; confined, at first, to this membrane, or rather to its nerves; and subsequently extending itself through the various ramifications of the latter. It is characterized by disturbance of vision, followed by pains, either of the eyes or of the surface of the cranium, with nausea and vomiting. Its cause is the too long continued exercise of the eyes required in various professions. M. Piorry supports his opinions by various facts which have come under his notice, particularly by cases of habitual hemicrania, in which the disease has ceased upon the exercise of the eyes being remitted as soon as the affection of the sight peculiar to it was experienced, and others in which a cure was obtained by frictions of extract of belladonna upon the eyelids. M. Broussais, in noticing the memoir of M. Piorry, in the February number of the *Annales*, remarks that the opinions of the latter would be more correct had he added, that the iris may be affected also indirectly from an irritation seated in the stomach, in consequence of the sympathy which exists between these parts. This reflected irritation readily explains the frequent production of hemicrania as a consequence of that morbid condition of the stomach denominated indigestion.

Abscess of the Lung, pointing above the Clavicle.—A lad, aged 18 years, was lately admitted at the Hospital of St. Louis, who had frequently been affected with cough during the winter. About eighteen months previous to his admission, he

had become affected with pain in the back and under the left shoulder-blade. Five or six months after this, a tumor appeared on the left side of the neck, for which he went to the Hotel Dieu: this was in September 1830, when M. Breschet punctured the swelling and evacuated some pus. On his admission at St. Louis, a fistulous opening was discovered above the clavicle. When the patient coughed, purulent matter was ejected by the aperture. The discharge, after a short time, became fetid, and the strength of the current of air through the opening was sufficient to extinguish a candle. He died June 6th. On post-mortem examination, a very large cavity was found partially filled with pus, and communicating with the bronchiæ, as well as with the external surface. Several ribs were carious.

Rheumatism.—To imitate the Douch Baths at Aix-les-Bains, (says a London physician,) I set my rheumatic patient in a chair, at the side of which is placed a bucket or large vessel capable of containing three or four gallons of boiling water, and envelope patient and all with a blanket, pinned close round his neck. In a few minutes he is bathed in a copious perspiration, and in this state he is directed to apply percussion to the pained joints by means of an elastic ball, made of cork covered with kid leather, and fixed on a handle of cane or whalebone, about a foot in length. I have seen the most decided benefit follow this practice; and in one case, of seven years' standing, after the daily employment of this *dry douching* my patient was beaten into excellent health, and threw aside a crutch which he had long used.

Aphorisms respecting Wounds of the Scalp.—“Wounds of the scalp do not essentially differ from wounds of similar parts situated elsewhere, and are to be treated on precisely the same principles.

In the treatment of wounds of the scalp, you should have constantly in view its preservation.

Union by the first intention is always to be attempted in incised and lacerated flap wounds, not combined with fractures, &c.

If a scale of bone be cut off, and adhere to the flap, it makes no difference in the treatment. Proceed as if such complication did not exist.

In contused wounds, if small, approximate the parts, but by no means bring them into very close apposition.

Flap wounds which are much contused are to be treated by laying down the flap, after washing clean the surfaces. After the process of sloughing has taken place, bring the parts into the closest apposition.

Never interpose a dressing between the flap and skull.

Treat punctured wounds of the scalp as similar wounds in other parts, and like structures.

To remove the inflammatory tension of the aponeurosis produced by these wounds, and the consequent fever, dilate the puncture by incision.

Erysipelas, with fever, is not an unfrequent consequence of wounds of the scalp.

Always keep in mind the proximity of those wounds to the brain; the vascular connexion between the pericranium and dura mater; and the necessity, on this account, of a strict attention to the antiphlogistic regimen in the treatment."

Aphorisms on Contusions of the Scalp.—"Contusions of the head are generally attended with detachment of the scalp from the pericranium, and a bloody tumor is the consequence.

The feel of this tumor so nearly resembles that of a depressed fracture, as often to be mistaken for it.

Never, on this account, make an incision in order to examine the state of the skull; but wait for the occurrence of those symptoms which render fracture more probable.

The application of cold lotions to the tumor, with the occasional use of laxative medicines, will, in general, be sufficient for the removal of the extravasated blood.

If these means should not be successful at the end of ten or twelve days, let out the blood by an incision.

Berkshire Medical Institution.—

This Institution has petitioned the State Government for a grant of money. Should it be granted, as we hope it may, a corresponding amount will doubtless be given to the Massachusetts Medical College, to enable the institution to support another professorship, which would add greatly to its usefulness.

Unbecoming Thirst for Popularity.—

A physician of note in London has lately discussed the subject of Cholera in a *newspaper* of that city. The medical journals impute to him various and not very elevated motives, for thus resorting to a practice "so unusual with respectable members of the profession" in any country.

Soft Water.—Perhaps no measure of police could add more to the comfort, or so much to the health, of the inhabitants of this city, as the supply of fresh soft water, in quantities sufficient and of such purity as to enable all to use it in cookery. The proposed measure, we are glad to find, is in a more promising way at present than it has ever been before.

Cholera.—The British Government has issued an official notice of the existence of the spasmodic cholera in England. A letter, also, confirming the fact of its existence at Sunderland, has been received at the department of State at Washington, from the United States Consul at Hull (Eng.).

POSTSCRIPT.—By a late arrival from England we have further advices of the continued prevalence of Cholera at Sunderland. The medical men at that place are said to be so far influenced by the fear of offending the inhabitants, as to suppress the worst part of the information they might give respecting the disease. They certainly are deceived themselves or intend to lead others into error, by reporting the existence of three specific diseases, only one of which, and that the least prevalent, is the spasmodic cholera. Their report, e. g. on the 21st of November, which is the last date, gives the following statement of the sick *on that day*: Of Diarrhoea, 37—Common Cholera, 20, and Malignant Cholera, 9. We are not in the habit of crediting any account which states the existence of three epidemics at the same time in the same place, nor does it give any additional credit to this statement, that two of these complaints are such as prevail only in

the heats of summer. The fact doubtless is, that, on the day stated, there were at Sunderland 66 cases of spasmodic cholera—some of which were, of course, more severe than others. Of the number of deaths we have no account. The physicians report 4 out of the last 9 to have died on that day, but how many of the first 57 had thus terminated, we are not told.

The horrible crime of *Burking* is said to be carried to some extent in London. Let the British Parliament follow the example of the Legislature of Massachusetts, and they will hear no more of such shocking enormities.

Whole number of deaths in Boston for the week ending January 6, 35. Males, 21—Females, 14.

Of hooping cough, 2—influenza, 5—unknown, 2—dropy, 1—convulsions, 2—child-bed, 1—apoplexy on the brain, 1—consumption, 4—ulcer, 1—old age, 1—erysipelas, 1—scarlet fever, 1—intemperance, 1—infantile, 8—throat distemper, 2—inflammation in the chest, 1—dysentery, 1.

ADVERTISEMENTS.

ENGLISH BOOKS.

JUST received, by CARTER & HENDÉE, A Dictionary of Chemistry and Mineralogy, with their applications. By ANDREW URE, M.D. Fourth Edition, with Improvements.

A Manual of Analytical Chemistry. By HENRY ROSE. Translated from the German, by JOHN GRIFFIN.

Richerand's Elements of Physiology, fourth edition. With Notes and Appendix, by J. COPELAND, M.D. Second Edition.

A New Supplement to the Pharmacopœias of London, Edinburgh, Dublin and Paris, forming a complete Dispensatory and Conspectus; including the New French Medicines, and Poisons, with symptoms, treatment, and tests, &c. &c. By J. RENNIE, A.M. A.L.L. Second Edition, revised and enlarged.

Popular Lectures on the Study of Natural History and the Sciences, Vegetable Physiology, Zoology, the Animal and Vegetable Poisons, and on the Human Faculties, mental and corporeal—as delivered before the Isle of Wight Philosophical Society. By WILLIAM LEMPRIERE, M.D. Second Edition, to which have been added two Lectures on the Mammiferous Animals, as since read to the above Society. Jan. 17.

EUROPEAN LEECHES.

JARVIS & PEIRSON, have just received a prime lot of large European Leeches. They were selected at Gottenburg, with great care, by a person well acquainted with the business,—and will be applied, without additional expense, in any part of the city.

188 Washington Street.

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